

## Access and Flow

### Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	38.28	30.00		

### Change Ideas

Change Idea #1 Audit, review and track all ED transfers, identifying those considered avoidable based on the conditions identified by HQO.

Methods	Process measures	Target for process measure	Comments
DOC will track and analyze ED visits and report on them monthly	Number of ED visits will be reviewed monthly by the Resident Safety Committee	We will see a 20% reduction in ED visits by December 31st, 2025	

Change Idea #2 More in house testing (Urinalysis, Ultrasound, IV infusions, Bloodwork) before ED transfer and consultation with MRP.

Methods	Process measures	Target for process measure	Comments
Continued training on new equipment acquired with continued consultation with MRP.	Number of ED visits tracked and discussed at Monthly Resident Safety Meetings.	To see a 20% reduction in ED visits by December 31st, 2025.	

## Equity

### Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	80.95	100.00		

### Change Ideas

Change Idea #1 Have 100% of staff completing cultural sensitivity training.

Methods	Process measures	Target for process measure	Comments
Surge Learning platform	Tracked by departmental leads over the course of the year.	All Staff will have completed training by December 1st, 2025.	Total LTCH Beds: 96

## Safety

### Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	16.98	15.00		

### Change Ideas

Change Idea #1 Identification of residents at high risk for falls on admission and during their stay to have interventions put in place to reduce the number of falls.

Methods	Process measures	Target for process measure	Comments
The interdisciplinary team will review all fall assessments at the time of admission and quarterly. When a resident is deemed at high risk for falls, appropriate interventions are put into place.	Reduction in the number of preventable falls.	10% reduction in falls by December 31, 2025.	

Change Idea #2 Analysis of Fall trends and attributing factors.

Methods	Process measures	Target for process measure	Comments
Review fall incidents monthly and provide an analysis of falls trends related to time/shift, shift change, and other attributing factors.	Identification of trends and how to prevent further falls	10% Reduction in falls by December 31, 2025.	

**Measure - Dimension: Safe**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	34.62	21.00		

**Change Ideas**

Change Idea #1 Medication reviews on admission with NP and Pharmacy, de-prescribing on admission and maximizing BSO program interventions.

Methods	Process measures	Target for process measure	Comments
NP to meet with pharmacist via BOOMER to do medication review and de-prescribe at time of phone call if able. BSO referral for interventions and further assessment to be completed.	# of med reviews on admission	100% medication reviews on admission, all process measures implemented by Q2, ongoing monitoring of compliance by resident safety committee.	All new residents have a medication review upon admission. De-prescribing has been difficult at admission due to the NP not always having access to full medical history at the time of admission, NP following up with their diagnoses in their first 6 weeks of admission.